

**SEDONA POLICE DEPARTMENT**

100 Roadrunner Drive  
Sedona, Arizona 86336  
Police Services: (928) 282-3100  
Administration: (928) 282-3102  
Fax: (928) 282-0622



**DATE:** \_\_\_\_\_ **POLICE REPORT #:** \_\_\_\_\_

In order to release the report you have requested, please fill in the below information and attach a fee of \$5.00, payable to the City of Sedona. Payment must be received prior to release of any report copies. Requests are completed within 24 hours of receipt, but are subject to delay if the reporting officer has not completed report or there is extensive research necessary. Mail requests to the Sedona Police Department, 100 Roadrunner Drive, Sedona, AZ 86336, ATTN: RECORDS.

**NAME OF REQUESTING PARTY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**TYPE OF REPORT:** **POLICE** \_\_\_\_\_ **ACCIDENT** \_\_\_\_\_

**DATE OF REPORT** \_\_\_\_\_ **NAME OF PARTY INVOLVED** \_\_\_\_\_

**REASON FOR REQUEST** \_\_\_\_\_

\_\_\_\_\_  
**REQUESTING PARTY SIGNATURE**

\_\_\_\_\_  
**FOR POLICE DEPARTMENT USE ONLY**

**DATE RECEIVED:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_

**DATE PAID:** \_\_\_\_\_ **RECEIPT #:** \_\_\_\_\_ **DATE MAILED/RELEASED:** \_\_\_\_\_

**REQUESTED GRANTED:** \_\_\_\_\_ **(YES)** \_\_\_\_\_ **(NO)** \_\_\_\_\_

**REASON DENIED(IF APPLICABLE):** \_\_\_\_\_

**APPROVAL SIGNATURE:** \_\_\_\_\_